



**TOWN OF WEST BOYLSTON  
GENERAL SUGGESTION/COMPLAINT/COMPLIMENT FORM**

**LEON A. GAUMOND JR., TOWN ADMINISTRATOR  
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**PLEASE PROVIDE AS MUCH INFORMATION AS YOU CAN**

**Date:** \_\_\_\_\_

**Specific Complaint/Compliment/Suggestion: (please attach a separate page if needed)**

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**Requester's Name :** \_\_\_\_\_

**Address :** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Requester's signature:** \_\_\_\_\_

**Anonymous comments will be accepted and investigated. Please understand, though, that if this office needs further information follow-up may be hindered if we do not have a way to contact you. State law allows a public agency to withhold the names, addresses and telephone numbers of complainants if so requested. Your name can then only be released by court order.**